

# Why Make Your Campus Tobacco Free

**Hospitals and medical facilities work in many ways to improve the health of people in their community. Providing an environment for patients, employees, and visitors that promotes and supports healthy lifestyles can help achieve this goal. Policies that create a smoke-free or tobacco-free medical campus contribute to this endeavor by eliminating exposure to secondhand smoke, encouraging tobacco users to quit, and sending a clear message that the use of tobacco does not support good health.**

## **IT'S GOOD FOR YOUR PATIENTS**

- Smoking interferes with wound healing, whether the wound is surgical or the result of trauma or burns. Studies have shown that patients who smoked regularly before surgery have twice the risk of wound infections or complications as nonsmokers.<sup>1, 2</sup>
- Surgical patients who smoke have increased length of stay in the recovery room or intensive care unit and an increased need for supplemental oxygen after surgery. One large study found that the incidence of respiratory complications was almost twice as high in smokers as in nonsmokers.<sup>3</sup>
- Tobacco use can delay recovery from orthopedic injuries and surgery. A study reported that smokers' broken bones took almost twice as long to heal compared to nonsmokers.<sup>4</sup>
- Patients who know they will not be allowed to smoke when hospitalized are more likely to attempt to quit tobacco before elective surgery.
- When patients are not going outside to smoke, there is a decrease to their risk of falling, getting exposed to the elements, or having a treatment complication.
- When patients are being cared for in your facility, they will not have to experience the unpleasant smell of smoke or tobacco.
- It provides an opportunity to discuss tobacco cessation with patients before and during their hospital stay. They can take steps towards quitting in a supportive environment.

### **IT'S GOOD FOR YOUR EMPLOYEES**

- A tobacco free environment helps create a safe, healthy workplace for all employees.
- Employees who want to quit smoking or chewing tobacco will have more of an incentive to make a quit attempt. In Montana, 66 percent of adult smokers and 47 percent of spit tobacco users expressed a desire to quit.<sup>5</sup>
- Tobacco-free campuses create a work environment in which tobacco users find it easier to reduce their consumption and are more successful in quitting.<sup>6</sup>
- Workers who smoke have more visits to their physician each year and a 50 percent greater chance of hospitalization than nonsmokers.<sup>7</sup> With fewer employees using tobacco, your employees will be healthier. There will be less absenteeism and sick leave.
- Employees are relieved when a process for dealing with tobacco use in the workplace is clearly defined and equitable. An improvement in employee morale can be achieved with the elimination of multiple breaks during work time.

### **IT'S GOOD FOR YOUR COMMUNITY**

- A tobacco free campus supports community members who are trying to quit tobacco by eliminating triggers associated with smoking or chewing tobacco.
- People who are sensitive to tobacco smoke will not be exposed to it on your property.
- A tobacco free campus role models healthy behavior and makes a clear statement that the use of tobacco does not support good health. It reinforces prevention messages for youth when there is less visible smoking in the community.
- Through your support of tobacco free environments and lifestyles, your organization can help change the attitude regarding tobacco in the community.

### **IT'S GOOD FOR YOUR PUBLIC RELATIONS**

- Your organization communicates a consistent pro-health message and sets a clear example of good health practices. A successful implementation will set the stage for implementing other health promoting initiatives.
- The grounds of your facility will be more attractive when tobacco litter is eliminated and people are not seen using tobacco.

- A well-planned and carefully implemented effort to help people quit tobacco shows you care about community members and projects a positive image of your organization.
- It aligns the policies of your organization with your mission as you take a leadership role on this major public health issue.
- It models health-enhancing practices for other businesses and shows that a tobacco free campus can be implemented successfully.

### IT'S GOOD FOR YOUR BOTTOM LINE

- An American Productivity Audit found that tobacco use was a leading cause of worker lost production time – more than alcohol abuse or family emergencies. Quitting smoking, or even just cutting back, improves a worker's productivity.<sup>8</sup>
- Maintenance costs are likely to go down when matches, cigarette butts, and other tobacco litter is eliminated on hospital property.
- The risk of fires is lower and you may be able to decrease fire and property insurance premiums. Also, it may be possible to negotiate lower cost health, life, and disability insurance coverage as employee smoking is reduced.
- Decreased liability risk when patients aren't going outside to smoke. Employees are not spending work time accompanying patients out to smoke.
- The economic burden of cigarette use is enormous. It is expensive to treat tobacco related illnesses. Every year, Montanans pay more than \$216 million in medical expenditures attributable to smoking, and businesses pay more than \$277 million in lost productivity due to illness and time off.<sup>9</sup>

#### References:

- <sup>1</sup> Jones RM: Smoking before surgery. The case for stopping. *British Medical Journal* 1985;290(6484):1763-1764
- <sup>2</sup> Silverstein P: Smoking and wound healing. *American Journal of Medicine* 1992;93:1A-22S.
- <sup>3</sup> Schwilk b, Bothner U, Schraag S, Georgieff M. Perioperative respiratory events in smokers and nonsmokers undergoing general anesthesia. *Acta Anaesthesiologica Scandinavica* 1997;41:348-355.
- <sup>4</sup> Schmitz MA, Finnegan M, Natarajan R, Champine J. Effect of smoking on tibial shaft fracture healing. *Clinical Orthopedics* 1999;365:184-200.
- <sup>5</sup> Montana Adult Tobacco Survey 2006, Montana Tobacco Use Prevention Program, August 2007.
- <sup>6</sup> Osinubi OYO, Slade J. Tobacco in the workplace. *Occupational Medicine* 2002;17(1):137-158.
- <sup>7</sup> Michigan's Smoke-free Hospitals Program, University of Michigan Health System, 2006, Available at: [www.med.umich.edu/mfit/tobacco/freenvironment.htm](http://www.med.umich.edu/mfit/tobacco/freenvironment.htm)
- <sup>8</sup> Stewart WF, Ricci JA, Chee E, Morganstein D. Lost productive work time costs from health conditions in the United States: Results from the American Productivity Audit. *Journal of Occupational and Environmental Medicine* 2003;45(12):1234-1246.
- <sup>9</sup> Montana Tobacco Use Prevention Program website, <http://tobaccofree.mt.gov/>



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